ICEMA

MEMORANDUM

DATE: September 2, 2008

TO: EMS Providers – ALS, BLS, EMS Aircraft
Hospital CEOs, ED Directors, Nurse Managers, PLNs
EMS Training Institutions, EMS CE Providers
Inyo, Mono and San Bernardino County EMCC Members
Other Interested Parties

FROM: Reza Vaezazizi, M.D., ICEMA Medical Director
Virginia Hastings, ICEMA Executive Director

SUBJECT: **EMERGENCY PROTOCOL IMPLEMENTATION**

The following emergency protocol has been revised and approved by ICEMA. **This protocol will become effective immediately**. A copy is contained with this mailing, also available online at www.icema.net.

Emergency protocol effective immediately

Reference # 5009

This protocol allows for activated charcoal to be given via naso-gastric tube in the case of overdose or ingestion of poison. The Medical Advisory Committee (MAC) has requested that this be removed from the protocol immediately due to a possible patient safety issue. The possibility of aspiration of charcoal in a patient that is either combative or obtunded is a significant health risk.

This emergency protocol will remain in effect for one hundred and twenty (120) days, following which the protocol will be formally adopted after public comment is reviewed.

If you have questions regarding the implementation of this emergency protocol, please do not hesitate to contact Sherri Shimshy at 909-388-5816 or SShimshy@cao.sbcounty.gov.

RV:VH:ss:mae

POISONINGS
EMERGENCY PROTOCOL

PRIORITIES

Assure rescue personnel safety.
ABC's
Determine degree of physiological distress.
Obtain vital signs, history and complete physical assessment including the substance ingested, the amount, time and route.
Bring ingested substance to hospital with patient, unless substance is suspected or known hazardous material.
Consider contacting poison control.
Consider early transport to the closest appropriate hospital.

FIELD ASSESSMENT/TREATMENT INDICATORS

Altered level of consciousness.
Signs and symptoms of substance ingestion, inhalation, injection or surface absorption.
History of substance poisoning.

PARAMEDIC SUPPORT PRIOR TO BASE HOSPITAL CONTACT

1. Assure and maintain ABC's.
2. Oxygen therapy as clinically indicated, obtain oxygen saturation on room air, unless detrimental to patient condition.
3. Monitor cardiac status.
4. Obtain vascular access at a TKO rate or if hypotensive administer 500cc fluid challenge to sustain a B/P ≥90mmHg. Pediatrics with B/P <80mmHg give 20cc/kg IVP and repeat as indicated.
5. Charcoal 50gms for adult (pediatrics 1gm/kg). Administer P.O. if alert with a gag reflex. ~~or via NG tube if ALOC or no gag reflex.~~ Charcoal is contraindicated with caustic ingestions.
   ~~**PRECAUTION:** Insertion of NG tube in conscious patient may lead to aspiration. airway management must be continually assessed.~~
6. For known organophosphate poisoning, give atropine 2mg IVP, repeat at 2mg increments if patient remains symptomatic (ie: excessive salivation, lacrimation, urination, diarrhea, vomiting, constricted pupils).

BASE HOSPITAL MAY ORDER THE FOLLOWING

*1. For phenothiazine "poisoning", administer diphenhydramine 25mg IVP or 50mg IM for ataxia and/or muscle spasms.

*2. For tricyclic poisonings, administer sodium bicarbonate 1mEq/kg IVP for tachycardia, widening QRS or ventricular arrhythmias.

*3. For calcium channel blocker poisonings, administer calcium chloride 1gm (10cc of a 10% solution), if hypotension or bradycardic arrhythmias persist.

*4. For betablocker poisonings, administer glucagon 1mg IVP.

*5. Repeat atropine in 2-4mg increments until symptoms are controlled.

*May be done during radio communication failure